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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### WESTERN NORTH CAROLINA AS A HEALTH RESORT.

Read before the American Public Health Association, November, 1875, at Baltimore,

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The tendency of climatological science in our times is mainly due to the study of the different constituents of climate, in order to ascertain thereby the fitness of special localities to certain classes of disease. The present sketch originated in the desire to make a small contribution to this department of our science, by furnishing a few data concerning a region heretofore unknown in its climatic relations to a great number of our people.

Western North Carolina, with the adjacent parts of northwestern South Carolina and northeastern Georgia, contains the southern extremity of the Appalachian chain, which extends in a continuous range to the north, through the whole eastern part of the Union. The highest elevations of the whole chain are found in its southern part, and especially in western North Carolina, thereby imparting special peculiarities of climate. The region which directly occupies our attention is bounded east and west by high mountain ranges, sloping gradually down, in the extreme north, to the southerly extension of the great Virginia valley, and declining very abruptly to the lowlands in the south. The boundary on the west

is formed by the Unaka, Great Smoky, the Bald, Iron and Stone mountains, their highest ridge coinciding with the State line between North Carolina and Tennessee. To the east we find the Blue Ridge proper, with the highest elevations east of the Rocky Mountains; Black Dome being 6707 feet above the level of the sea. The Blue Ridge in this section is the watershed between the Atlantic Ocean and the Mexican Gulf. All the streams having their sources east of the ridge empty into coast rivers, which flow, after short courses, into the Atlantic; whilst to the west all the water flows into the Tennessee river, a tributary of the Ohio, and finds its outlet through the Mississippi into the Gulf of Mexico. Six principal streams break through the high western mountain barrier, among them the Tennessee river itself; and this peculiar feature contributes greatly to the variety of the different valleys, and enhances the beauty of the landscape. Prof. A. Guyot, of Princeton College, New Jersey, who explored this country some time ago, published a series of measurements he had taken. In this list, fifty-one mountains, rising over 6000 feet above the sea-level, are mentioned.

Western North Carolina embraces an area of about five thousand square miles, and has its greatest extension from north to south. The length, from Virginia to Georgia, is about one hundred and eighty miles, while the breadth varies from twenty to fifty miles. The whole country is undulating, and perfectly level places, even of small extent, are rarely to be found. It can neither be called a valley nor a high plateau, as several high mountain-

ranges, of which the Balsam Mountains are the most prominent, traverse it from northwest to southeast, and the spurs of which, extending all over the country, are the cause of its irregularity. The high barrier in the west, formed by the Great Smoky Mountains and their continuation, runs from southwest to northeast, and breaks the force of the northwest storms so frequently occurring, and so well known for their severity all over the eastern portion of our continent.

The geological character is, in general, of primary formation, which gives to the water a purity and softness highly appreciated by strangers. Springs are numerous, and greatly add to the richness of vegetation, which clothes all the mountains to their very summits. The mountains are all covered with timber, and a great variety of species presents itself to the eye of the botanist.\* The soil is rich, and especially on the summits of the hills, a fact which, although surprising at first sight, is easily explained by the circumstance that the decay of leaves and vegetable matter is left undisturbed by the hand of man or the washing of rains. The clearness of the atmosphere, on bright, sunny days, makes the mountains appear much nearer than they are in reality, and often deceives in estimation of distances.

If we enter into special investigation of the individual climatic factors, we have the longest series of observations made by the volunteer observer in Asheville, for the Smithsonian Institute, extending over a period of nearly eight years. This place is the principal town of Western North Carolina, being situated in the wide valley of the French Broad river, 2250 feet above the ocean, and 250 feet above the river. It is located on an irregular plateau, extending from the base of the last spurs of the Black Mountain, and is the true representative of a mountain climate. The place, owing to its southerly location ( $35^{\circ} 36'$  north latitude), possesses the great advantage of being less subject to those great extremes of temperature under which the Eastern and Western

\* Prof. W. C. Kerr, State Geologist, says, in his report just published, that of species found in the United States, east of the Rocky Mountains, there are:—

Oaks,	22,	and	19	in North Carolina.
Pine trees,	8,	"	8	"
Spruces,	5,	"	4	"
Elms,	5,	"	3	"
Walnuts,	2,	"	2	"
Birches,	5,	"	3	"
Maples,	5,	"	5	"
Hickories,	8,	"	6	"
Magnolias,	7,	"	7	"

States of the Union suffer so much. The importance of this subject may justify an explanation, by some details and figures, in proof of the correctness of my assertion. Asheville is famous for the coolness of its summers, the temperature of  $90^{\circ}$  being recorded only once in the whole period of eight years. The thermometer seldom rises above  $85^{\circ}$ , and the highest temperature in 1875 was  $80^{\circ}$ ; 1874,  $88^{\circ}$ ; and  $8^{\circ}$  the lowest point reached by the mercury, in the winter of 1874-75. The average summer temperature is  $70.7^{\circ}$ ; and if we compare the extremes of heat and cold in cities having an equal or similar summer mean, the Chief Signal Office Report for 1874 furnishes us the following interesting data, for the period from October 1st, 1873, to September 30th, 1874:—

Cities.	Average Summer Temperature.	Highest Summer Temperature.	How often Temperature Above $90^{\circ}$ .	Lowest Winter Temperature.	How often Below $30^{\circ}$ .	Range of Temperature for whole year.
Asheville, N. C.	$70.7^{\circ}$ deg.	$88$ deg.	3 times	$8$ deg.	7 " "	$80$ deg.
Sandy Hook, N. J.	$69.8^{\circ}$ "	$93$ "	"	$7$ "	5 " "	$86$ "
Long Branch, N. J.	$69.8^{\circ}$ "	$94$ "	"	$7$ "	5 " "	$87$ "
Cleveland, Ohio.	$71.0^{\circ}$ "	$96$ "	"	$6$ "	4 " "	$88$ "
New York City.	$71.7^{\circ}$ "	$92$ "	"	$6$ "	4 " "	$89$ "
Detroit, Michigan.	$69.4^{\circ}$ "	$97$ "	"	$0$ "	0 " "	$97$ "
Chicago, Illinois.	$72.2^{\circ}$ "	$99$ "	$16$ "	$-6$ "	1 time	$105$ "
Denver, Colorado.	$73^{\circ}$ "	$102$ "	$50$ "	$-11$ "	$11$ " "	$113$ "
Colorado Springs.	$70.8^{\circ}$ "	$101$ "	$39$ "	$-17$ "	$14$ " "	$118$ "
St. Paul, Minn.	$71.3^{\circ}$ "	$99$ "	$25$ "	$-23$ "	$33$ " "	$123$ "

This table, which could easily be enlarged, shows in strong figures the uniformity of climate at Asheville. But places with even a lower summer mean than Asheville show a considerably higher extreme, as we learn from the meteorological report of Professor G. T. Kingston for the Dominion of Canada for 1874. The whole number of stations was fifty-three, all of which have a lower summer mean than Asheville. Of these stations, twenty-six showed over ninety degrees temperature; and of twenty-eight stations in Ontario, twenty-one gave the same thermometric result, over ninety degrees. We would obtain a similar table in a contrary direction, by taking the winter mean of Asheville ( $37.8^{\circ}$ ) as a standard of comparison with other places of the same mean winter temperature. Let it, however, suffice to say that these observations are corroborated by the records of the different volunteer stations in Western North Carolina, as published in Professor Kerr's report.

It can fairly be said that this region, and especially Asheville, has one of the lowest extremes of summer temperature, and that few places are found on the eastern side of the continent combining such coolness of summer with mild winters. Places of the same elevation show a

still greater difference in our favor. Another feature of interest presents itself in a comparison, during a long period, of the diurnal ranges of the thermometer in places at the same or higher altitude. As the Chief Signal Office Report for 1874 does not contain records of the maximum and minimum temperature at stations of a similar elevation, it is necessary to take stations which, though located higher, have the range during a full year recorded. In the following places, in Colorado, Dakota and Wyoming, the daily range of the thermometer over  $20^{\circ}$  has been calculated and placed in subdivisions of  $5^{\circ}$ , from  $20^{\circ}$  upward to  $60^{\circ}$ ; and the same has been done for Asheville, for the years 1873 and 1874.

Diurnal Range, in degrees, F.	Colorado Springs (10 mo. and 6 days)	NUMBER OF OCCURRENCES OF THE DIUR- NAL RANGE IN							
		Denver, Col.		Fort Sully, Dakota.		Cheyenne, W. T.		Asheville, N. C.	
		1873	1874	1873	1874	1873	1874	1873	1874
$20^{\circ}$ - $25^{\circ}$	46	58	55	74	70	66	63	46	30
$25^{\circ}$ - $30^{\circ}$	47	59	68	49	80	71	83	28	18
$30^{\circ}$ - $35^{\circ}$	52	59	77	45	51	67	63	14	14
$35^{\circ}$ - $40^{\circ}$	72	55	60	47	35	34	59	1	4
$40^{\circ}$ - $45^{\circ}$	33	29	31	18	16	16	26	..	1
$45^{\circ}$ - $50^{\circ}$	19	6	11	4	6	4	5	..	..
$50^{\circ}$ - $55^{\circ}$	3	1	1	..	1	..	..	..	..
$55^{\circ}$ - $60^{\circ}$	2	..	1	..	..	..	..	..	..

This table needs no commentary, but speaks for itself. Whilst the highest daily range at Asheville was but once in two years over  $40^{\circ}$  (and then only  $41^{\circ}$ ), Colorado Springs shows the same range thirty-three times in less than one year. Denver twenty-nine times in 1873, and thirty-one times in 1874, etc., and both run in decreasing number up to the high range of between  $55^{\circ}$  and  $60^{\circ}$ . It is here necessary to state that in the extremely dry regions of Colorado and the Western territories crossed by the Rocky Mountains, the cold air and change of temperature are much less perceptible; an observation which, to a certain extent, is also made here.

Records of the other climatic elements in this region are scarce, and the fullest are those of the rain-fall, and its amount in inches for a period of several years, in Professor Kerr's report. We here learn that of eighteen stations in the whole State, only one has a lower amount of rain-fall than Asheville, viz., Greensboro, which shows but 19.9 inches, whilst Asheville has 39.4, or as a mean of 8 years, 40.2 inches.

All stations of Western North Carolina have considerably more, ranging from 48.5 to 72.8 inches; the average for the whole western division being 58.2 inches. Our place, therefore, shows a very favorable ratio in comparison with the surrounding country and the State in general. The pressure of vapor, its weight, the absolute humidity, have, to my knowledge so far, not been measured; but the observations of daily life, the rapid drying of roads after a rain-fall, the conservation of meat hanging in the open air, etc., indicate but a small amount of moisture suspended in the air. The unusual rain-fall and general atmospheric conditions of this summer deprived researches into the relative humidity (saturation at 100) entirely of their value. Instituted only a short time, the mean of three observations for the time at which patients generally move about in the open air, viz., noon, 2, and 4.15 P. M., give for the month of October  $50.2^{\circ}$  and for the whole month  $64^{\circ}$  relative humidity.

If after these considerations, we regard the climate of this section as a whole, we find all the theoretical requirements of a mountain climate existing in their proper relation. It is not here in place to urge in detail the beneficial effect of elevated regions on the large class of sufferers from pulmonary phthisis. But as it is not yet known and universally acknowledged that the decrease of the occurrence of phthisis is greatly dependent upon elevation above the sea-level, and the consequent lower barometric pressure of the atmosphere, it will not be out of the way to quote, from the extensive literature of this subject, some few works which may aid those wishing to make investigations in this direction.\* The practical application of these

\* *Fuchs:* Medizinische Geographie, 1851. *Muehry,* A.: Climatologische Untersuchungen, oder Grundzüge der Climatologie; Leipzig und Heidelberg, 1858. *Muehry, A.:* Climatographische Uebersicht der Erde; Leipzig und Heidelberg, 1862. *Jourdanet, D.:* Les Altitudes de l'Amérique Tropicale; Paris, 1861. *Jourdanet, D.:* L'air Karifé; Paris, 1862. *Jourdanet, D.:* Le Mexique et l'Amérique Dvricale; Paris, 1864. *Hirsch, August:* Handbuch der Historisch Geographischen Pathologie, II. Band; Erlangen. *Fr. Enke,* 1862-1863. *Smith, Archibald:* Climate of the Swiss Alpes and of the Peruvian Andes compared; Dublin Journal, 1861, 1866. *Schnepp, B.:* Etudes sur les Climats, etc.; Paris, 1865. *Weber, Hermann:* On the Influence of the Alpine Climates on Pulmonary Consumption; British Medical Journal, 1867, vol. II. *Weber, Hermann:* On the Treatment of Phthisis by Prolonged Residence in Elevated Regions; Transactions of the Medical and Chirurgical Society in London, vol. LII 1869. *Küchenmeister, Fr.:* Die Hochgelegenen Plateaus als Sanatorien oder Schwindsucht-heiligtäle; Wien, 1868. *Küchenmeister, Fr.:* Ueber das Vorkommen der Lungenschwindsucht, etc.; Dresden, 1869. *Spengler:* Die Landschaft Davos; Basel, 1869. *Drysdale, Chas. R.:* Alpine Heights and Change of Climate in the Prevention and Treatment of Pulmonary Consumption, Lon-

theoretical researches, viz., the treatment of consumptives by a protracted sojourn in elevated places, is being, and has been for some time past, carried out on a large scale in Europe and other parts of the globe. According to a recent compilation, there are now 123 mountain resorts in existence in Europe, at elevations from 1500 to 4000 feet and over. Our section has a great advantage over many European resorts, which are, without exception, situated in more northerly latitudes. Although phthisis is observed in countries with most heterogeneous temperature, it will nevertheless be in many cases desirable to send such patients to a locality of moderate thermometric range and extremes; as sudden changes often prove causes of fresh colds or intercurrent affections. In the South the rays of the sun have greater power; insolation, generally more powerful in the mountains, is increased, and affords a most valuable medium for the invalid in winter. He is thereby enabled to move about, or to sit in sheltered sunny places on winter days, and enjoy without injury the salubrious influence of fresh air. The relations of ozone in the air have not been as yet investigated, but all conditions for its production are present—as abundance of vegetation, of water, electric tension and great evaporation. The purity of the air is another element of value in mountain districts. Low temperature, dryness, greater amount of ozone, are not favorable to the development of micrococcii and bacteria; and the processes of putrefaction, fermentation and moulding are diminished or entirely absent. Diseases originating from their products do not exist, or cannot gain a foothold; no manufactures contaminate the atmosphere, and the patient inhales with delight the pure air. The mountain climate in general exerts a tonic influence over the whole system, induces greater activity of all organs and functions, and imparts strength. The desire for food is increased, and the latter better digested and assimilated. The psychical influence of the beauty and grandeur of nature has undoubtedly a beneficial effect on the depressed human mind.

don, 1869. *Lombard: Les Climats des Montagnes;* third edition, Géneve, 1873. *Biermann, A.: Hochgebirgs- und Lungenschwindsucht;* Leipzig, Otto Wigand, 1874. *Scribener: On the Bolivian Andes;* in several journals. *Nature and Curability of Pulmonary Phthisis;* Richmond and Louisville *Medical Journal,* July, 1875, by *Theobald.* *Altitude and Climate in the Treatment of Pulmonary Phthisis;* *Transactions of the Medical and Chirurgical Faculty of Maryland,* by the same.

Before ventilating the question as for which diseases this climate can be advised, it is necessary to state that one great attraction of the future is not developed at all at present. Western North Carolina has the greatest abundance of mineral springs, which, with very few exceptions, have never been analyzed, and the medical use of which has never been thought of or attempted. Without having paid, so far, special attention to this point, I counted over half a dozen such springs in the immediate neighborhood of the town of Asheville. There are alkaline, chalybeate, and sulphur springs to be found, but none of them are properly set or utilized. Five miles from this town is a good and abundant sulphur spring, which, many years ago, attracted a great number of visitors. A large hotel, capable of accommodating two hundred guests, was erected, and the grounds nicely laid out; but since the house was destroyed by fire, in 1860, the springs and property are neglected and unused. The warm springs in Madison county, thirty-six miles west of Asheville, are the only ones now extensively visited, and have proved beneficial in many cases to which they are adapted. There is no doubt that, as soon as attention is once properly directed to this subject, these resources will soon be developed and made available to the sick.

Although, for some time to come, we must depend solely on nature's abundant gift of climate, we find many instances in which this proves efficacious and beneficial. Among constitutional disturbances, we may mention nervous prostration from overwork, insufficient nutrition, anaemia after severe sickness, chlorosis, dyspepsia, and malarial cachexia. It has already been mentioned that improvement in digestion and assimilation takes place here as a rule, and my own experience corroborates the assertion of other observers. I would here observe, without further specifying the effect of the climate on such patients, that a certain amount of strength must still be left them, in order that they may obtain relief. The individual organs should not be so debilitated or degenerated that the result of treatment will be prevented by the impossibility of stimulating their functions. Malaria and its consequences are unknown here, and a recovery from its manifold sequelæ can safely be expected.

Finally, this region has an important value in relation to diseases of the respiratory organs,

and amongst them more especially pulmonary phthisis. Patients for whom climatic treatment in elevated regions is indicated, find here all the necessary conditions in their fullest extent. The best results are attained in defective development of the thorax in young people, either hereditary or brought about by disease, or too rapid development. This is the frequently occurring so-called atony of the lungs, with want of full breathing, and mechanical predisposition to disease of the apex of the lungs. To these patients climatic treatment almost invariably offers a cure, and even a few months of such treatment, under proper control, suffice to produce better complexion, greater strength, more energy in the performance of the functions in general, and increased capacity of lung. Phthisical catarrh of the apices and chronic infiltrations of the lungs are also proper conditions for treatment by mountain climate; but the latter should not be so extensive as to make breathing rarefied air dangerous, or to prevent the energy necessary for constitutional reaction in general. The same may be said of cases where the breaking down of tissues has already set in. The selection of such patients should be made with care. Taken as a whole, the expression may be allowed that our region will be found advantageous for the majority of those cases which are suited for treatment in elevated regions, uniting as it does, by its situation, by far the greatest number of the desiderata of a mountain climate.

The accommodations for the reception of invalids are slowly but steadily increasing. Asheville will be, before long, the centre of railroads, and there is no doubt but that a bright and promising future is in store for this beautiful, sunny country.

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#### IS QUININE AN OXYTOCIC? A BRIEF REVIEW OF THE QUESTION.

BY H. S. WOLFE, M. D.,  
Of Corydon, Indiana.

The question as to whether quinine possesses oxytocic properties is one of very great importance. When we consider the widespread influence and potency of malaria as a cause of disease, as well as the great malignancy of many of the affections produced by it, together with the admitted fact that quinine is the only reliable remedy for diseases of this kind; and when we add to this a consideration of the fact

that pregnancy is a common condition of women in every community, and that they are equally liable with others to contract malarial diseases, often, too, of a stubborn form, the question, viewed in the light of their interests, at once assumes immense proportions. We cannot, as a rule, treat malarial affections successfully without "bark" in some of its forms, and to withhold it from any, in the present state of our knowledge, is virtually to give them up to the ravages of this class of affections. It is, therefore, no light matter to put forth the idea that quinine ought not to be given during the period of gestation, or that it should be given under restrictions, and therefore sparingly and inefficiently, to this class of patients. And it ought not be put forth, except for the best of reasons.

If there be ground for the belief, however, that quinine will, even occasionally, produce abortion, the profession ought, by all means, to know it, for to recklessly administer drugs possessing such power would be but little short of a crime. But if there be little or no ground for such belief, then let us boot the idea entirely out of the professional mind, and thus leave all, and especially the timid, free to treat their pregnant patients in such a way as to afford them all the chances for recovery granted to others. The question is too important to be treated in a loose or uncertain manner, for, however little effect the opinion that quinine is dangerous to pregnant women may have upon the older and more confident of the profession, there can be no doubt but that the articles, though few, which have already appeared in print on this subject have had the effect to unsettle the practice of some of the less decided, and thus have led, doubtless in many instances, to the inefficient treatment of pregnant patients, who, of all others, the most urgently needed it. It is in the hope of assisting, with my experience and observation, to settle this important question, that I offer these considerations to the profession.

I have been actively engaged in the practice of medicine for the past twenty years, all the while in the most malarial region of Indiana, and during all this period I have uniformly given my pregnant patients quinine in rather larger quantities than to non-pregnant patients, and I can confidently say that I never knew a case of abortion in which there was the slightest reason to believe that quinine had anything

whatever to do in producing it. Quinine in some form has been in almost universal use for many years, being administered very largely by all classes of the people, and for all kinds of disease, without reference to their cause; and yet, during all this long period of use and abuse, it was not noticed, until within a comparatively late date, that it possessed any oxytocic power whatever. So recent indeed, or so insignificant, has been the date of this supposed discovery, that it has not yet, so far as I know, received even so much as a notice in any of the standard text-books, either upon *materia medica* or midwifery. This, I think, is certainly true of the United States Dispensatory, the later editions of Ramsbotham, and the new and justly popular work of Leishman. Why is this? Why this late discovery, and this unaccountable neglect of so seemingly important a subject, by systematic writers? Have the mental perceptions of all those who have lived since the discovery of Peruvian bark been so obtuse as to disable them from seeing events transpiring under their own eyes? I know that men are usually slow to perceive the truth, and that we are often stumbling over the most valuable discoveries without seeing them; still, when we consider the abundant opportunity for making this one, the lateness of the discovery that quinine is capable of producing abortion, is, to my mind, positive proof that the potency of its action is not very great, and that ordinarily we need not fear to administer it in such quantities as the case before us may seem to require.

I have carefully studied all the cases that have fallen under my observation, which have been brought forward in the medical prints to establish the oxytocic power of quinine, and I believe that not in a single instance can it be positively asserted that the drug has caused a miscarriage. I know that there have been instances of abortion occurring while the patients were taking quinine; but I know also that there have been instances of abortion in patients suffering with malarial disease, who did not take quinine, and who probably aborted for the want of it; and so, moreover, do I also know that patients have recovered from threatened abortion while taking quinine very freely. All this, however, unless of common occurrence, proves nothing but coincidence. But when we consider the relative frequency of these coincidences, we shall see it proves a great deal. For, since quinine has become the main reliance in

malarial and other diseases, the number of pregnant women who have taken it is named legion; and in all this vast host the number of cases of abortion believed to have been caused by it may almost be counted upon your fingers. Thus the probable cases in which no harm has followed its use so overwhelmingly outnumber those of the other class, as to render this negative kind of experience of nearly equal value with the most positive testimony in its favor.

Of all the cases which I have seen reported, favoring the idea that quinine is capable of exciting contractions of the womb, those of Dr. Blackwood, of Philadelphia (*REPORTER*, January 9th, 1875) are the strongest. Such cases as those of Dr. Burt, of Kansas (*REPORTER*, February 5th, 1870) and of Dr. Packard, of Philadelphia (*REPORTER*, July 18th, 1874) carry with them almost no weight at all. The first case of Dr. Burt's was only a case of threatened abortion, following, it is true, the exhibition of a dose of quinine, but coming on at the time of "expected chill," and fully relieved either by the quinine given for the chill, or the morphine given for the uterine pains. The second one of his cases is simply the history of a case in which the uterus relieved itself "of a dead child" during the continuance of an attack of chills and fever, and while taking quinine in insufficient doses to control the disease. The case of Dr. Packard's was most likely not a case of premature labor at all, it having occurred only "thirteen days before time," a period altogether too short to render it at all certain that the lady was not at full time. Besides this, the quantity of quinine given (six grains a day) was too small to have any appreciable effect upon the system in any way. In Dr. Blackwood's cases it is notable that only three grains of quinine were given every four hours, in a quotidian intermittent, a quantity too small, in any kind of intermittent, to have any very decided effect, and which in these cases did not control the chills "to any decided degree;" and, also, that it was not until "during the fourth day" that any signs of labor presented themselves, a period in the cases when their appearance would not have surprised me. Dr. B. says no unpleasant symptom was noticed until the system was more or less influenced by the quinine; and this, too, when the chills had not been controlled to "any decided degree." Would it not be better to say that, the system being uninfluenced by

the quinine, labor set in, in consequence of the uncontrolled violence of the disease? A quotidian of four days' duration would not be well for a pregnant woman under the most favorable circumstances. But, says Dr. B., "I attended the same ladies for intermittent fever again, and in each case pregnancy existed at the time. \* \* \* I brought each of these cases fully under the influence of arsenic, \* \* with a satisfactory result." In other words, doses of arsenic sufficient to control the disease did no harm. Are we not justified in believing that doses of quinine sufficient to have controlled the chills "to a decided degree," in the first instance, would have been crowned by a like happy result? I submit that even these cases of Dr. B.'s, when analyzed, are very far, indeed, from proving that quinine was the cause of premature labor in any of them, but that they rather favor the idea that the unfavorable result was owing to the want of sufficient treatment to promptly control the disease. There can be no doubt but that in all of them the bad result may, with equal justice, be ascribed to the disease, as well as to the remedy.

In my own practice I have repeatedly known cases of threatened abortion promptly relieved by the efficient administration of quinine. So well established, indeed, is this principle with me, that I always administer quinine freely when I have the slightest reason to believe that my patient is affected by malarial poisoning. I could give a large number of cases, from my own and from the practice of others, illustrative of the value of quinine for the relief of pain believed to be of malarial origin; but this article has already exceeded a proper length, and they cannot, therefore, be given. It may suffice, however, to say that, so far from withholding quinine from my pregnant patients, I always urge the necessity of its use; and in consequence of a stubborn form of malarial disease common in such patients, I generally give it in rather larger doses than to non-pregnant patients, and I have never known any bad result to follow such practice.

The importance of this question has called out this article, and it still calls for a more thorough discussion of this subject than it has hitherto undergone. To leave it where it now is, a practice of the utmost importance to our female patients will be, as I think, embarrassed without cause. We, therefore, should be glad to hear from others upon the subject.

#### MANAGEMENT OF THE BAG OF WATERS IN NATURAL LABOR.

BY T. CURTIS SMITH, M. D.,  
Of Middleport, O.

In the few remarks I shall make on this subject it is not at all improbable that I shall offer a few ideas totally at variance with the teachings of nearly all of our standard text-books on obstetric practice. Be that as it may, they have grown out of personal observations at the bedside in an experience of managing over five hundred cases of labor.

Nearly all of our text-books direct, in substance, that the bag of waters shall not be ruptured until the dilatation is complete, and not then, unless the membranes are so tough and strong as to cause a retardation of the labor by failing to rupture spontaneously; and most authors strenuously urge this point upon all students. Some even go so far as to recommend that the bag of waters be allowed to remain intact even if it protrude beyond the vulva, and after the head has left the uterus and is resting in the vaginal canal. Such practice is, as a rule, safe; but if my observations are correct, it very often leads to a great deal of needless suffering on the part of the woman in labor, by prolonging the duration of parturition, and, therefore, needlessly taxing her strength and patience beyond that which is really necessary.

It not infrequently occurs that the waters are drained off before labor sets in. In such instances we are told that the labor will likely prove tedious, and more than ordinarily painful. Such has not been my experience in these cases, for they have proceeded with as much rapidity as the majority of cases do, and the foetus, though exposed to the pressure needed to effect dilatation, has usually been as vigorous as when the waters drained off late in the labor. In fact, the process of dilatation, to my mind, is purely physiological, and the pressure idea, to effect dilatation, is rather overdone. In other words, it is not effected by purely mechanical force, but by a physiological condition of the circular fibres of the os at the time of labor.

In the course of practice the physician often meets with cases where, though the uterine contractions are strong, and the head commences to engage, nevertheless there is no bag of waters formed, or a very small one at least, and after the head has slightly engaged, it remains stationary for a long time, or progresses slowly,

even in the face of severe contractions, and even when dilatation is sufficient to permit of ready advancement. In such cases I have usually ruptured the membranes, allowed the waters to drain off, and have, I believe, invariably had the pleasure of noting the advancement of the head with very much greater rapidity than before the membranes were broken. Again, we often find cases where the labor seems normal, but slow; the os is not much dilated, but is soft and dilatable; the contractions are not very efficient nor distressing, and, even when the uterus is contracting, the sac of waters is not very tense. If the waters are promptly drained off in these cases, the contractions immediately become stronger, and labor soon terminates.

In still another class of cases we find that, though the pains appear regular and the os is a little dilated, at every contraction the patient suffers the most excruciating distress—grinding, tearing pains—and though these continue and seem to be severe, an examination during the pain shows that there is little, if any, expulsive effort. Often no perceptible advancement can be noted, and the amniotic sac is not made perceptibly tense. In these cases, if the os is not rigid, I rupture the sac, drain off the waters, and have invariably found the contractions to become at once more efficient, and labor proceed to a prompt termination. If, in such cases, the os is rigid and the pains are of the character last described, a dose of opium or Dover's powder will so far change the condition of the uterus, or character of the pains, as to permit them to at once become efficient and expulsive.

In short, in nearly all cases of labor that prove the least tardy, and where the os is either dilated or soft and dilatable, I rupture the sac at once, and am convinced that the term of suffering is very much abbreviated in most instances.

The fear of danger to the child in such cases, I think, is unfounded, so far as pressure from the os is concerned. We have more need to fear danger from its passage through the vulva, from perineal pressure; and at this point it is seldom, indeed, that the amniotic sac exerts any dilatatory influence worthy of especial note.

I think we often find the uterus so much distended with its contents, that it is unable to promptly exert any powerful influence in expelling its contained fetus, water, and secundines. But if the distention is in part overcome by letting off the waters, it at once takes on more

vigorous action and soon completes its painful task.

In primiparous cases I would not be in much haste to let off the amniotic fluid; but even here, if the os is thoroughly dilated, and the perineum soft, I do not know of anything to be gained by sitting quietly by for an indefinite period doing nothing, simply because the "waters do not break." I am fully aware of Blundell's obstetric maxim, that nature is generally able to accomplish her work unaided, but still I see no reason why we should fail to give her our aid by art, to help her in the accomplishment of terminating the labor as readily as we would assist nature in eliminating a fever, even if we had every reason to believe that in the course of time she would accomplish the same end, though not so quickly as with our aid.

## HOSPITAL REPORTS.

### PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DA COSTA, JANUARY 8, 1876.

REPORTED BY FRANK WOODBURY, M. D.

**Salicylic Acid for Foul Breath and Offensive Expectoration.**

GENTLEMEN: It will not be necessary to go into the details of the history of this patient, whose pallid hue and straw-colored complexion strike you at once, as indicating some serious organic disease. The cachexia present is connected with tubercular disease of the lung, and our unfortunate subject is a victim of consumption. Examining the chest, the left side is found to be moderately clear on percussion, but the right side is dull until we pass the third rib, where it becomes less so. The same signs are present posteriorly, with the addition of a slight dullness developed at the left apex. Respiration under the right clavicle is blowing and harsher than before. The harsh breathing, with very few râles, is also heard posteriorly, at the base as well as at the apex. The respiratory murmur is not very distinct in the left upper lobe; in the remainder of the left chest it is puerile. There is harsh bronchophony, and the voice is distinctly transmitted at the right apex, although the signs of a cavity are not so marked as at previous examinations.

This patient is brought before you to show you that there is destruction of pulmonary structure, and to call your attention to the fact that the peculiar bad odor belonging to the breath and the expectoration where there is breaking down of the lung or pulmonary

abscess, is absent in this case now, although it was previously a very noticeable symptom. Being struck with the foulness of the patient's breath, which was so offensive as to discourage physical examination of his chest, I determined to try salicylic acid. The dose given was five grains, dissolved in half an ounce of water, with the aid of a drachm of glycerine. This was exhibited three times a day, with the effect of purifying the expiration, and improving the character of the expectoration, although upon the latter the influence has not been quite so well marked.

If in salicylic acid we have an agreeable and harmless remedy against foul breath, and one that will also exercise a detergent effect on the character of offensive secretions, you will see at once that a long-felt want is supplied. In gangrene of the lung, for instance, the characteristic breath poisons the patient and renders his presence insupportable to those around him; if salicylic acid will change this, as it has done in the case before us, a not unimportant application of this comparatively new agent is presented. If internal administration does not accomplish the desired result, it can be used in the atomizer in the solution before mentioned (grains x to water  $\frac{3}{j}$ , with sufficient glycerine to make it soluble). About eighteen months ago I first used it as a deodorizer, in a woman with stomach disorder accompanied by very offensive breath, and with the happiest results. In cases of indigestion, with bad breath, I have used it a number of times since, with great success. This is a legitimate application of this disinfectant; and other similar conditions will suggest themselves to you, as in fetid bronchitis, in abscess, or in cancer of the lung with offensive discharges, where it will prove of great value. My experience with the agent, on the whole, is that in these complaints it modifies the breath greatly, and changes the offensive character of the expectoration, though to a less degree than that of the breath. It has more influence on the sputum in fetid bronchitis, than it has in diseases attended with destruction of the lung.

In concluding the subject, I will say a word or two on the methods of administering the remedy. Salicylic acid by itself is practically insoluble in water, but it is found that other agents will greatly increase its solubility; thus, a small quantity of borax will enable ten grains to be taken up by an ounce of water. In this form we have been using it as a mouth-wash and gargle, with much satisfaction:

R. Sodii borat.,				
Acid. salicylic,	grs. x			
Glycerine,	f $\frac{3}{j}$			
Aquæ,	q. s. ad. f $\frac{3}{j}$ .	M.		

Phosphate of soda, sulphite of soda, and other substances, have been recommended as possessing the property of aiding the solution, but they are none of them so pleasant as the borax and glycerine. The glycerine itself, without

the borax, will increase the solubility of the acid in water, but only to the extent of about four or five times that of simple water.

With reference to phosphate of soda and borax, it has been asserted by chemists that these agents prevent the full antiseptic action of the salicylic acid; and, until this point is settled, we had better use it internally or by atomization without these solvents. In some instances of gastric disorders, especially, I have given it in powder, in five to ten-grain doses. Where not otherwise objectionable, it may be administered in alcoholic solution, in which it is very soluble.

Here is another patient with abscess in the lung (double-sided phthisis, with small cavity at right apex), who had also a very offensive breath, and who has been using a ten-grain solution in the atomizer with the best results.

#### A Case of Psoriasis Diffusa vel Chronica.

To the next patient brought before you I invite your special attention, not only on account of the relative rarity of his affection, but also because we could not possibly have a more striking clinical illustration of chronic psoriasis than is furnished by this truly typical case. Before discussing his present condition, I will read the notes of his history. His name is James B., of American birth, twenty-seven years of age, and unmarried; he is by occupation a teamster, and was admitted to the hospital two days ago, in the condition that he now is, no applications having been made or treatment instituted, purposely, in order that you might compare his present state with what will be shown you after he has been for some time in the wards. The disease began during hot weather, in July, 1867, when his scalp became covered with an eruption and his hair fell out. The only assignable cause, in his mind, for the trouble, was contagion, a friend that he frequently visited being afflicted in a similar way. He positively denies syphilitic contagion, and never had a severe sore throat. The disease of the scalp spontaneously improved, and finally it grew quite well, the hair growing in during the succeeding winter as thickly as before, without any medical treatment or any application having been made to the part, except one of simple salt and water. After leaving the scalp, however, the eruption made its appearance on the lower extremities, where it has remained ever since. About eight months before coming here the skin of his body and arms became similarly affected; this was also during warm weather. At no time in the course of the disease has there been any implication or involvement of the face, except just at the roots of the hair; and his scalp, since the first attack, eight years ago, has been free until about two weeks ago, when he noticed one or two spots behind his ears.

The eruption has been scaly from the first, at the onset appearing as a pimple, and then spreading, the skin becoming thickened, discolored, and fissured during the progress of the

disease. It itches so that he cannot sleep at night, and appears pretty generally distributed over the body in spots and large patches.

Upon stripping the patient, you at once confirm the truth of the last note; the chest and back, the upper and lower extremities, in fact the whole surface of the body is pretty generally invaded, the head alone escaping. The disease, as is commonly the case in psoriasis, is more marked on the outer surface of the limbs; it is therefore better studied on the flexor surface of the arms and legs where it is more discrete, and is seen in all of the stages of its progress, from the primary papule to the desquamating and discolored patch. The appearance of the eruption and its itching character are sufficient to exclude syphilis from the diagnosis, although at the first I suspected that it was of specific nature, from the fact that syphilitic psoriasis is said to be contagious by some; and our patient stated, you will remember, that he thought that he had caught the disease from an acquaintance. I am satisfied, however, that he is wrong, and that it is simple psoriasis, which is not communicable by contact, although it is apt to be inherited. The man says his father had some eruption on his legs, the character of which is unknown to him; this confirms my idea, psoriasis being very liable to be caused in this way.

In the treatment of the affection, the first thing required is to get rid of these large epithelial scales that cover the skin, which can easily be accomplished by ablution. A bran bath here will be very good. We will order him to be thoroughly rubbed every day with Hebra's soft soap, previous to half an hour's soaking in a bran bath. It would be preferable to rub in the soap at night and let him bathe in the morning. Besides this, something is needed to modify the state of the skin; we will direct, therefore, that immediately after the bath he shall be anointed thoroughly with unguentum picis, containing ten minimis of carbolic acid to each ounce. The internal treatment will consist in pushing some alternative to the point of actual poisoning, if you like, so that the full constitutional effect of the remedy is obtained. If iodide of potassium were tried, we would give constantly increasing doses until symptoms of iodism were produced; but we prefer to give in this case a twentieth of a grain of arsenious acid, in pill, three times a day, steadily pushing the drug until swelling of the eyelids is noticed. Short of this we need not look for any decided results. In addition to what has been mentioned, he shall have half an ounce of cod-liver oil, three times a day, not less for its lubricating influence on the skin than for its general nutritive effect. He shall have a mild, unirritating diet, without stimulants.

[The patient was shown a week later to the class, when great improvement was manifest; the scales were all gone, and the surface, though still discolored, was softer and much smoother than before.]

## *Hospital Reports.*

### PHILADELPHIA HOSPITAL.

SERVICE OF DR. JOHN H. BRINTON.—SURGICAL CLINIC.

REPORTED BY ALFRED WHELEN, M. D., Dec. 22, 1873.

#### Fistula in Ano.

H. M., aged forty-five, was brought before the class complaining of an uneasiness in his seat, of pain upon defecation, and of a continued moistness of the part. He also stated that there was a tender point near the margin of the anus, and that the surrounding tissues were hard and painful.

On examination, an external opening was discovered at one side, three-quarters of an inch from the anus, and upon passing a probe into it, it was found to communicate with the rectum.

These, Dr. Brinton stated, were the most prominent signs and symptoms of fistula in ano, an affection which might be defined to be an abnormal sinuous track leading from the cavity of the rectum to the external surface of the body.

Fistula in ano, according to Brodie, and many surgeons of the present day, most frequently has its starting-point in the lodgment of a portion of hardened faeces or other irritating substance just above the sphincter ani, and between the folds of the mucous membrane at this part. Irritation and ulceration ensue, the ulcer thus formed being kept up and increased by the passage of the faeces, and by the straining of the patient in defecation. Eventually the ulcer destroys and penetrates the walls of the rectum, permitting the escape of a portion of the faeces into the surrounding cellular tissue. Inflammation is thus set up, resulting in an abscess, which in due time bursts externally and discharges a most offensive putrid matter; and in this manner the fistula is formed. Healing of the abscess is prevented by its communication with the gut, through which the faeces or flatus, or both, are continually passing, thereby augmenting and keeping up the irritation already established.

In the opinion of other surgeons, fistula may also originate by a primary abscess, exterior to the walls of the rectum, which at first has no connection with it, but which opens and discharges into the gut, as well as externally. Dr. Brinton stated that, in his opinion, the *internal* opening in fistula *always* exists, and the reason that it is not found in some cases is that it is sought for too high up in the gut. The mistake may readily be made, if the surgeon is not aware that in many cases the abscess extends far above the position of the internal opening.

As a rule, the internal opening will be found at the distance of from one to three-quarters of an inch from the margin of the anus, and its situation can be generally determined by the presence of a little caruncle at that point. This caruncle is most perceptible to the touch of the finger; and if the mucous membrane be everted, it may often be seen. It is true, we often do find internal openings, two or two and a half

inches up the gut; but these are secondary, and are formed after the primary orifice, which is always present. The external orifice may be single or multiple, and may be situated near the margin of the anus; or the fistula may be long and tortuous, and may open at some distant point toward the buttock, in which case the surrounding tissues are apt to become very much disorganized, infiltrated, and brawny.

In regard to the advisability of an operation for the cure of fistula, when the patient is suffering from a tubercular or strumous diathesis, the books lay it down as a positive rule that under such circumstances no operation is to be performed. Dr. Brinton, however, questioned the propriety of this general veto of the operation. He stated that he had operated in such cases without any of the sorrowful sequences pointed out as sure to occur. In operating for the cure of fistula, we may either use the knife, slitting up all the tissues from the fistulous track to the surface of the skin or the seton.

In the case before the class the last-named operation was performed. A flat-handled probe was passed gently into the external opening and along the fistulous track; at the same time the index finger, previously well oiled (the cleft below the nail being filled with soap), was passed through the anus, and the little caruncle before mentioned sought for, and readily detected. The extremity of the probe was then carried in that direction, and, after some little manipulation, was passed into the rectum, and made to project from the anus. A strand of saddler's silk was then tied to the extremity of the probe and the instrument withdrawn, leaving the silk in the fistula. The Lecturer then directed this seton to be tightened a little every day, until it should cut completely through the tissues, which would probably occur in seven or eight days. The resulting open track must then be kept carefully packed with lint until it shall have granulated to the surface.

If the cutting operation be preferred, a grooved director should be passed through the canal, in the same manner as the probe, and all the intervening tissues slit up with a probe-pointed curved bistoury. The wound thus made is packed with lint, and a T bandage and compress put on, and the patient kept in bed for some days. On the day before the operation the patient is to take a dose of castor oil, and on the day of the operation an enema, so as to have the bowels well unloaded; after the operation enough opium to keep the bowels confined for a few days. The operation by the seton is to be preferred when the fistula is long and tortuous, in which case the cutting operation, would make a very extensive wound; or in cases in which the patient has a dread of the knife, or is unable to undergo confinement to his bed.

Before closing his remarks on this subject, the Lecturer impressed upon the class the necessity of caution, as to the extent and manner of the division of the sphincter ani muscle. If

possible, division at more than one point should always be avoided; it certainly should never be cut at two separate points at the same operation. Should this caution be neglected, and should the sphincter be heedlessly divided at two points, a most distressing and disgusting result would almost infallibly ensue. The cut ends of the muscle would fail to unite, its functions as a sphincter would in a great measure cease, and the unfortunate patient would be troubled with incontinence of flatus and faeces. This sad accident, the Lecturer stated he knew to have occurred in one or two operations, perhaps thoughtlessly performed. In one instance it happened at the hands of a surgeon of eminence, many years ago.

In those cases, fortunately tolerably rare, in which multiple fistulae exist at different portions of the circumference of the rectum, it will usually be found that one is primary to the other and that the division and cure of the former will be followed by the healing of the latter. Should this not happen, and should a second operation appear to be inexorably necessary, it should be performed at as long an interval as possible, and after the wound of the first operation shall have thoroughly cicatrized. The operation in the second case should preferably be that by the ligature, and even then the danger of greater or less impairment of the functions of the sphincter cannot always be prevented.

#### Chancre. Phimosis.

E. S., a man, suffering from chancre on the under surface of the prepuce, and around the base of the glans, with phimosis, was then brought before the class. On account of the existence of the phimosis, the sores could not be reached. Emollient and antiphlogistic dressings having been persistently applied for some days, without benefit, Dr. Brinton determined to slit up the prepuce, so as to reach the sores, and then to cauterize them. The operation was then performed. This consisted in the introduction of a grooved director under the prepuce, as far back as the base of the glans penis, and then slitting the tissues up with the scissors or a knife. The chancre and the entire cut surface were then freely and carefully cauterized with nitric acid, so as to prevent reinoculation of the divided tissues. The patient was ordered to bed, a dressing of lead-water and laudanum directed, and also an opium suppository nightly, so as to prevent erection. This operation, the Lecturer stated, is frequently followed by great swelling of the prepuce, which may last for some time, but which will gradually subside.

In speaking of phimosis, Dr. Brinton remarked that this condition is very frequently congenital, and is caused by a redundant and lax condition of the skin of the prepuce; while the mucous membrane is short and contracted, so as to render the drawing of the prepuce over the glans difficult or impossible.

In young male infants, phimosis usually exists, the prepuce being long, and projecting like

a snout. By the sixth or eighth year, in about fifty per cent. of boys, the prepuce can be drawn backward so as to uncover the glans to a greater or less extent. In these cases, between puberty and adolescence, the power of retraction becomes generally complete. In the remaining fifty per cent., the condition of phimosis exists, and if to such a degree as to entirely cover the glans, especially if adhesions exist, often gives trouble in adult life. Sometimes the power of copulation is impaired, the act being painful and imperfect. Even when this is not the case, there is always more or less tendency to balanitis, and a greater liability to venereal infection, should the patient expose himself in that direction.

Then, too, phimosis frequently predisposes to inflammation and pruritus, from the retention of the sebaceous secretion. The habit of masturbation, from the constant handling of the part, may also be acquired.

In operating for congenital phimosis, the surgeon should carefully examine the condition of the prepuce. If there is great redundancy of the prepuce, accompanied by much narrowing of the anterior portion, the old operation of circumcision is probably the best. When there is simply redundancy without very great narrowing, the method of longitudinal incision, accompanied by trimming of the dog-eared flaps, answers well. In all operations, however, for this affection, it is proper to remember that the essence of the trouble lies in the mucous membrane of the foreskin, rather than in its cutaneous surface. Let the brunt of the operation, as it were, then fall upon the mucous membrane. Narrowed, or contracted, or adherent portions should be slit up or removed, while at the same time the healthy skin of the foreskin may be retained.

The Lecturer closed his remarks on this subject by stating that in certain children, especially in those of a scrofulous predisposition, there existed, oftentimes, a tendency to inflammation and plastic deposit after this operation, which would occasionally defeat the best planned

and executed procedure. Where there is reason to anticipate any trouble of this nature, the operation of complete circumcision, usually described as according to the old Jewish rite, is probably the most reliable.

#### Paraphimosis.

In striking contrast to the last case, was the following one of paraphimosis, occurring as one of the complications of gonorrhœa, in a man 25 years of age. In this case the man had forcibly retracted his foreskin behind the glans, and had been unable to draw it forward again. In all cases where paraphimosis exists, it should be at once reduced; if not, congestion, and more or less strangulation of the glans, is apt to follow. This affection is not unfrequently met with in little boys, who sometimes try experiments with the prepuce, as a result of which the family doctor is often hastily summoned.

Paraphimosis should always, then, be reduced—but how? In this manner (here the lecturer illustrated the reduction upon the patient in the arena).

The body of the organ, just above the corona glandis, should be seized between the index and middle fingers of each hand. The two thumbs should then be firmly pressed upon the head of the organ, so as to empty it of blood as much as possible. While this compression is being effected, the indices and middle fingers should gently, yet strongly, draw forward the swollen preputial ring, which usually slips forward in a few seconds, and the trouble, as in this case, is at an end. It is rarely, if ever, necessary to perform any subcutaneous sections, as has been suggested by some surgeons. The little manipulation above described is commonly painful, especially if the state of the paraphimosis has existed for any length of time, and ether is, therefore, often indicated, particularly in children. The reduction of a paraphimosis is not, however, very difficult, if you will only make, at the same moments, firm pressure upon the congested head of the penis and forcible forward retraction of the prepuce. \* \* \* \*

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Epizooty in Memphis.

Dr. S. P. Cutler, M. D., of Memphis, Tennessee, writes to the *Nashville Medical Journal*:

This disease made its advent in the city about the 16th of October last, simultaneously in all portions of the city, and at this time (October 25th) most of the equines of the city are affected.

So far, the disease is not as rapid or violent in its effects as in 1873; though the weather has been mild and favorable, while in 1873 the weather was severely cold and wet, being later in the season. Nobody knows how the disease came either time; it appeared to come without importation; like cholera, and other epidemics, they come, and that is about all we can say in the premises. In 1873 the animals discharged more from their nose in four days than they did in 1875 in six or eight days; hence we find

the disease much milder in type. There have been no bad cases.

Many horses in the country, adjacent to the city, had it.

*Microscopic Appearances.*—I have examined several specimens from some that were first taken, just beginning to discharge at the nostrils. Under the instrument, it is about the same as three years ago, as reported in the *Nashville Journal of Medicine and Surgery*. The matter seems to be composed of *leucocytes*, white blood-corpuscles, or *pus-corpuscles*, though some of them have a bright, sharp, nucleated centre, though mostly they have granules, and are very pale in color. To the naked eye, the matter is white and frothy; when dried, a brown tough mass.

If there are any germs, the microscope has not shown them, though such an idea would be the most satisfactory.

Some might say that the disease is of atmospheric origin, but that would not explain anything. Something must greatly irritate the nasal passages at first, and by reflex action affect the animal through the blood. My ideas have changed in this respect since it was here first. Many inhabitants had something similar both times. It certainly has specific characteristics, as much so as any other contagious disease.

#### The Action of Alcohol.

At a late meeting of the Medical Society of London a paper was read by Dr. Lauder Brunton, on the "Physiological Action of Alcohol." This author observed that alcohol in small quantities increases the secretion of the gastric juice, and the movement of the stomach, and thus aids digestion. Although unnecessary in health, it is useful in exhaustion and debility. It increases the force and frequency of the pulse by acting reflexly through the nerves of the stomach. In large doses it impairs digestion by precipitating pepsin and over-irritating the stomach. It may produce death by shock. After absorption into the blood it lessens the oxidizing powers of the red blood-corpuscles. This property renders it useful in reducing temperature. When it is constantly or very frequently present in the blood it causes accumulation of fat and fatty degeneration of organs. It undergoes combustion in the body, maintains or increases the weight of the body, and prolongs life on an insufficient diet. It is, therefore, entitled to be considered as a food. If large doses are taken, part of it is excreted unchanged. It dilates the blood-vessels, increases the force and frequency of the heart, imparts a feeling of comfort, and facilitates bodily and mental labor. It does not give additional force, but merely enables a man to draw upon his reserve energy. It may thus give assistance in a single effort, but not in prolonged exertion. The same is the case with the heart; but in disease alcohol frequently retards instead of quickening the organ, and

thus economizes instead of expending its reserve energy. By dilating the vessels of the skin, alcohol warms the surface at the expense of the internal organs. It is thus injurious when taken during exposure to cold, but beneficial after the exposure is over, as it tends to produce congestion of internal organs. The symptoms of intoxication are due to paralysis of the nervous system, the cerebrum and cerebellum being first affected, then the cord, and, lastly, the medulla oblongata. The apparent immunity which drunken men enjoy from the usual effects of serious accidents is due to paralysis, by the alcohol, of the nervous mechanism, through which shock would be produced in the sober condition.

#### Medical Value of Vinegar.

Dr. W. H. Griffith says, in the *Medical Press and Circular*:

When freely diluted, vinegar acts as a refrigerant, and is used to sponge the body in fevers, and as a lotion to sprains and bruises; it is also a useful application to the breasts in cases of painful distension with milk, and to prevent suppuration. Warm vinegar is recommended by Dr. Dewees as an application in the early stage of mammary abscess.

Strong acetic acid acts locally as an astringent and stimulant, and when concentrated it is irritant and caustic. As a local astringent it has been found useful in hemorrhage from the nose, uterus, hemorrhoidal tumors, and ulcers, and administered in the form of enema it has quelled hemorrhage from the large intestines. It has been employed as an astringent gargle in cases of relaxed uvula and tonsils, and oxymel is a valuable adjunct to astringent gargles.

Strong acetic acid, or glacial acetic acid, has the power of removing warts, especially when of a syphilitic nature, and corns, owing to its solvent power over the albumen composing them. As a lotion for ringworm of the scalp, acetic acid is of great service, and when diluted it soothes the itching of psoriasis and lichen. Dr. Broadbent proposed to destroy cancerous tumors by injecting acetic acid into their substance; the injection should not be too strong or too frequent, lest phlegmonous inflammation ensue. Glacial acetic acid vesicates speedily, and may be used in cases in which cantharides is inadmissible; it gives great pain, however, and is liable to cause troublesome sores. When taken internally, in moderate quantities, at intervals, vinegar increases the appetite and facilitates digestion, being a solvent of all the protein bodies except casein. When taken in excess, however, it seriously impairs the digestive powers, and Morgagni affirms that it causes thickening of the coats of the stomach. It has a tendency to produce emaciation, owing, probably, to its solvent action on the fibrine of the blood, and Haller went the length of recommending it as a remedy for obesity, an advice which has been not unfrequently followed by fatal results. According to some chemists,

vinegar, or acetic acid, becomes changed into lactic acid in the system. Vinegar is most injurious to anaemic or chlorotic females, and nursing mothers should carefully abstain from it, as instances are on record in which its employment by the mother induced fatal diarrhoea in the infant. Although vinegar is liable to produce diarrhoea and colic, curious to say, it has been found to relieve the colic of lead-poisoning. Some therapeutists have classed the substances under consideration among the arterial sedatives, and have recommended their administration in haemoptysis, haematemesis, and the sweating of hectic. I have never seen good effects from such a treatment, and a knowledge of the chemical action of vinegar upon the blood would lead me to expect results the reverse of beneficial. Vinegar augments the secretion of the salivary glands, and so assuages thirst; it also palliates the heat of the skin, and for these reasons it has been administered in fever. Its tendency to produce colic and diarrhoea is a serious objection to its use in such cases. Clysters of vinegar have been recommended for ascarides of the rectum.

#### Camphor Poisoning.

The *Pharmaceutical Journal* publishes a rare and interesting case of camphor poisoning, the leading features of which are as follows:—

While some camphor was being weighed out, a lad of thirteen picked up two small pieces and took them away with him, for the purpose of floating and burning them. Soon afterward he began nibbling the camphor, and, as it afterward appeared, liking the taste of it, continued to do so until he had eaten the two pieces. This was about four o'clock in the afternoon. Four hours afterward the child was with his brother in the dispensary, looking on, and was observed to do something which elicited the remark, "Are you dreaming?" No reply was given by the child, and it was noticed that something was wrong with him: his eyes were fixed in a stare, and he stood motionless and unconscious. His brother took him up to carry him into an adjoining room, where his father was, when he immediately became convulsed and perfectly rigid, with his head and legs bent back, so that he could only be placed on his side upon the floor. The convulsions increased until the flesh from the head to the shoulders became purple, and the pulse decreased rapidly until it could not be felt. The body then lost its rigidity and was apparently lifeless; but in about ten seconds the pulse could again be felt, the convulsions returned, and the child foamed at the mouth. Applications of cold water brought him round in about four minutes; violent vomiting then ensued; the child was for a time hysterical, but within an hour from the first attack he was so far recovered that he could be put to bed. The child afterward described the pieces of camphor which he ate as being each half the size of his thumb, and the assistant, who noticed him take

one piece, thought it must have been about sixty grains in weight. The effects produced in this case were more severe than in any of those previously reported, and there was the further difference that unconsciousness preceded the convulsions, while in the other cases it followed them.

#### Treatment of Chronic Dysentery.

Dr. R. E. Thompson writes to the *British Medical Journal*:—Four years ago, when I was visiting physician to the Seamen's Hospital, Greenwich, I made several trials of the compound tincture of benzoin in the cases of chronic dysentery that came under my care. I was not aware that the drug had been tried before in this form of disease; but its use was suggested from its effect on mucous membranes generally. The results of my experiments were, that benzoin had no effect in checking the disease or in alleviating the symptoms, and that it was not comparable to small doses of ipecacuanha frequently repeated. Possibly the cases treated by Mr. R. Donaldson differed in some respects from the cases under my care at Greenwich, and I have no intention of questioning the accuracy of his statements. I only wish to state that the medicine has been tried in this country, and that in my hands it has not succeeded. I found it necessary to exercise great caution in admitting the virtues of any drug in this disease, and it is natural in so chronic and wearing a disorder that any remedy is looked to with expectation by the patient, who is always hopeful that some remedy has been found to alleviate his misery; at least, this was my unvaried experience in the numerous trials that I made of various drugs.

The conclusion at which I arrived was, that the disease was best treated by rigidly keeping the patient at rest in bed, in a supine position; by carefully regulating the temperature of the room to about 62 deg. Fahr.; by restricting the diet to few and simple foods, chiefly milk and mutton; and by administering, at frequent short intervals, every three hours, small doses (three to five grains) of the powdered ipecacuanha. If nausea were produced, the dose was diminished or omitted for a time, as I consider that it is very desirable to avoid inducing any disinclination to food. Alcohol in any form very decidedly aggravates the symptoms, and it was always strictly forbidden. These conclusions, perhaps, contain nothing new; but they result from the trial of many drugs, all of which were found far inferior to ipecacuanha.

#### The United States Medical Directory.

It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice, or changed location during the past three years (other than those whose addresses are on our subscription lists), are requested to forward notice of such changes to this office. Other journals please copy.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The *Cronica Medico-Quirurgica de la Habana* is a monthly journal of forty-eight pages, in the highest degree creditable to the energy and scientific ardor of the profession of "the pearl of the Antilles," and especially to its editor, Dr. Juan Santos Fernandez. In the number for January is a sketch, by Dr. D. J. Argumosa, of the peculiar disease which he styles "mortal sleep." He observed it among the negroes of the Vuelta Abajo. He evidently is not aware of its frequency on the West Coast of Africa. We called attention to it a year ago, but this is the first notice of its existence in America we have seen. Dr. Del Valle has a thorough article on the eucalyptus; and the rules for a school of nurses are ably discussed by Dr. Pulido.

—Dr. B. London, a German physician who for a number of years practiced in Jerusalem, sends us an interesting article on the leprosy of Palestine. It is a careful study of this obscure disease. He remarks that it is most frequent in malarial localities. Dr. London desires us to add, that he is now established in Carlsbad, and as he speaks English, is prepared to receive patients who prefer that tongue.

—The Valedictory Address of Mr. Clark Bell before the Medico-Legal Society of New York, sets forth in brief the aims and history of the society, and contains an appeal for the library and a statement of contributions to it.

## BOOK NOTICES.

*Atlas of Skin Diseases, consisting of Colored Illustrations, together with Descriptive Texts and Notes upon Treatment.* By Tilbury Fox, M.D., F. R. C. P., etc. Parts I, II, III. Lindsay & Blakiston. Price \$2 per part.

This substantial and handsome work, by one of the best known British dermatologists, will appear in eighteen monthly parts, each part containing four large folio plates, either from original sources or reduced by the chromolithographic process from the work of Willan

& Bateman. The latter are carefully reproduced, with a new text, so as to bring down the scientific description and classification to the present day. As no such atlas has appeared for a long time in this country, the profession should welcome it with the reception it merits.

Part I contains four plates, representing forms of erythema and urticaria; Part II includes strophulus and roseola; and Part III depicts various forms of lichen. The accompanying text is not merely descriptive, but goes into the question of treatment quite fully, and with that direct, practical manner for which Dr. Fox deserves such praise.

Of the artistic execution of the plates one may speak in the highest terms. They are not over-colored, as so many of these plates are, but both in the diseased part and in its accessories they are most faithful to nature. Nor is there a large amount expended on making a pretty picture, as is the case with some such works. The cost is put where it tells to the best advantage of the purchaser.

*Annual Reports on Diseases of the Chest, under the direction of Horace Dobell, M. D., etc., Consulting Physician to the Royal Hospital for diseases of the Chest etc. Assisted by numerous and distinguished coadjutors in different parts of the World.* Vol. 1. June 1874 to June 1875. London, Smith, Elder & Co., 1875. pp 353.

This novel form of presenting the subject of Diseases of the Chest most certainly will prove a great success. The distinguished author promises a continuation of these volumes yearly, and we hope nothing will occur to prevent that consummation.

The fullness and consequent richness of the work are shown by the fact that British Guiana, Canada, China, Denmark, Sweden, Egypt, France, Germany, Austria, Holland, India, Italy, Russia, South Africa, Great Britain and the United States, are embraced in these reports.

It is what its title claims, a complete report on the subject for the year, and must prove invaluable to all who are engaged in this particular branch of the profession.

Its value is greatly enhanced by a full analytical index, without which no work ought ever to be offered to the reading public.

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Medical & Surgical Reporter,**

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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**THE MEDICAL CORPS OF THE U. S. ARMY.**

A bill is now before Congress, and we trust will be passed without delay, intended to improve the standing and efficiency of the medical corps of the United States Army. As brought before the Senate by Mr. Logan, it reads as follows:—

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the number of assistant surgeons now allowed by law shall be reduced to one hundred and twenty-five; that the office of medical storekeeper is hereby abolished; that from and after the passage of this act, in addition to the grades now allowed by law, there shall be four surgeons with the rank, pay, and emoluments of colonels; eight surgeons with the rank, pay, and emoluments of lieutenant colonels, to be promoted by seniority from the medical officers of the army; that this act shall not be construed to deprive any medical officer or storekeeper now in office of his commission in the United States Army."

The propriety of this act will be seen by

considering for a few moments the unjust and injurious distinction made against the medical staff by past legislation.

In every other corps, whether of the staff or line, every officer has the prospect of attaining the rank of colonel; the medical officer, on the other hand, under the present law is accorded the rank of captain after five years' service; he is promoted to major by seniority, such promotion not ordinarily occurring in less than fifteen years' service, and that is the end of his prospects of advancement, unless he may be so fortunate as to secure a medical purveyorship, which can necessarily be within the reach of but very few, those positions being but three in number, and vacancies, in consequence, occurring but very seldom.

This, every one will grant, is most unjust. No one questions but that the duties of a medical officer require for their proper discharge as much intellect and culture as those of any other branch of the service. And it may be asserted, without fear of contradiction, that the officers of that corps, as a body, have for many years past been recognized, both in the army and out, at home and abroad, as men who, in character, education, and scientific attainments, are in every way the peers of their brother officers, with whom they have shared the fatigues of every march and perils of every battle. They do not ask that fair share of rank which has hitherto been withheld, with any desire to interfere with the duties or usurp the command which belongs to other staff corps or to the line; but increased rank after long service is the only way in which they can receive that increase of emolument and consideration which ordinarily attends the advancing years of educated physicians in private practice. If it is to be understood these advantages are to be perpetually denied, it is vain to expect that medical men of talent will be willing hereafter to devote their lives to the arduous and unrewarded duties of the medical corps.

The government cannot expect to obtain the

best class of men in any branch of the service unless it offers them equal inducements to those found in civil life. So long as medical men of ability and good scientific acquirements have before them those high prizes which are found in private practice, just so long will they refuse to continue in the army, if no prospect is held out to them of ever rising above the grade of major, or of obtaining beyond a certain amount of income.

Not only have other countries recognized the propriety of such legislation, but even our own, in its recent action in reference to navy surgeons, shows that such a demand is most proper.

The whole profession is interested in the passage of this bill, and we appeal to them to represent its merits by addressing their congressmen and urging its passage.

## NOTES AND COMMENTS.

### The Healthiness of "Unseasonable" Weather.

In spite of the "unseasonably" warm weather, and contrary to the venerable proverb that "a green Christmas makes a fat church-yard," the health of this city is much better than during the same season last year, which was very cold. Such is also the case generally. Dr. Snow, of Providence, Rhode Island, remarks on this topic in his last monthly report:—

"It is a popular idea that very mild weather in winter is very unhealthy. Let us examine this theory. January, 1875, was remarkably cold; January, 1876, was remarkably mild. The first January was colder, and the last warmer than any corresponding month for many years. Let us compare the mortuary results. The deaths from some prominent causes in the two months were as follows:—

	1876.	1875.
Whole number of deaths.....	115	159
Pneumonia.....	15	35
Consumption.....	22	31
Croup.....	5	10
Bronchitis.....	1	6
Scarlatina.....	4	19

"This shows a large decrease in the warm January of the present year, not only in the

whole number of deaths, but also, especially, in those causes of death which might be supposed to be influenced by the winter weather.

"This result agrees with my observation for many years past. Extreme cold, or extreme heat, if continued for a week or more, increases the mortality; while more temperate weather, whether in winter or summer, is favorable to health.

"The population of Providence, by the census of June 1, 1875, was 100,675. The mortality last month was, therefore, at the annual rate of only 13.7 in each 1000 of the population. In January, 1875, calling the population the same, the deaths were at the rate of 18.9 per 1000."

### A School of Physical Culture.

A praiseworthy project has been inaugurated by Dr. J. T. Rothrock, of Wilkesbarre, Pa. It is to institute a school of physical culture, to be located on the summit of North Mountain, a beautiful spot in Luzerne county, where is situated the largest lake in the State. High and healthful, embosomed in pine woods, and while readily accessible, yet remote from the temptations of cities, no location could be better chosen.

The school will be open from June 15 to October 15, the pupils will be about thirty in number, from the ages of 12 to 18, and their culture will be under the immediate care of the principal. This will consist of systematic exercises, the use of firearms, how to meet emergencies and sudden accidents, lectures on physical geography, geology, botany, and the general natural history and meteorology of the region.

Dr. Rothrock, a most accomplished botanist, a thorough physician and surgeon, accustomed to camp life through his long journeys as government naturalist, and with unusual power to interest and guide the young, is peculiarly qualified to conduct with success such an enterprise. A pamphlet containing full particulars of his undertaking can be had by addressing him at the address given above.

### Arsenic in Malarial Diseases.

In the *Archives de Médecine*, Dr. Sistach corroborates the opinion expressed by Fremy, Fuster, and Girbal, that the febrifuge action of arsenic manifests itself more promptly in the tertian than in the quotidian variety of intermittent

fever. He concludes from his observations that arsenic is as effectual, but not so quick, in its operation as quinine in the treatment of intermittent fever. On account of the slowness of its action and its tendency to aggravate the gastro-intestinal symptoms, arsenic is contra-indicated in remittent fever.

#### Physicians in Criminal Cases.

The Canada *Lancet* states that a bill is before the Ontario Legislature which will, in a great measure, remove the disability under which medical men have suffered for years in being liable to be subpoenaed to give evidence in criminal cases, and to be detained from their practice and patients at great loss and inconvenience, and without any remuneration whatsoever. Medical witnesses will now be paid a reasonable fee for attendance in criminal cases, on the certificate of the counsel for the crown and the county attorney, and the order is to be paid forthwith by the county treasurer.

Similar legislation is needed in the States.

#### A New Anti-pruritic Remedy.

Dr. L. D. Bulkley gives, in the *Southern Medical Record*, the following formula:—

R. Gum camphor.  
Hydrate of chloral,  $\frac{aa}{5j}$   
Ointment of rose water,  $\frac{3j}{}$ .

Rub the chloral and camphor carefully together till a fluid results; then add slowly to the ointment, mixing well.

This, when applied to the healthy skin, produces no effect, but possesses great power in arresting itching without over-stimulating the parts. It does not answer when the skin is at all broken; it is then necessary to employ other less irritating agents, but the burning sensation caused on its first application lasts but a few moments, while the relief occasioned he has known to last for hours, or even a whole day.

#### Gum Acacia as a Food.

On this subject Dr. W. H. Griffiths says, in a recent article:—

Frerichs, Blondlot, and Lehman have ascertained that gum is not acted on by the saliva or gastric juice; and Hammond states as his opinion that, owing to its "clogging" the intestines, it is absolutely injurious as an ali-

ment. On the other hand, it has been asserted that Arabs live almost entirely on gum during the gum season, and Hasselquist affirms that a caravan of Abyssinians subsisted on it for two months. It is stated, however, that it enters largely into the diet of the natives of Senegal. As the result of my own investigations, I would certainly attribute to it definite nutritive qualities, for I have experimentally determined that the consumption of two or three ounces of gum daily will enable an adult to do on a less proportion of other food. It has been stated that gum passes through the bowels unaltered, but I have not found this to be the case. Boussingault affirms that, having fed a duck with fifty grammes, he recovered forty-five from the excrements. Like Garrod, I have been unable to detect gum in the urine, even after the administration of large quantities.

#### A New Preparation of Santonine.

Albuminated sodium santonate has recently been much recommended as an anthelmintic. It is prepared by gently heating in a porcelain dish a mixture of four parts of sodium bicarbonate, one part of santonine and two parts of dried, soluble egg or blood albumen, with a small quantity of water, until a solution is effected; this is evaporated to dryness and subsequently redissolved in a sufficient quantity of warm water; the filtered solution is evaporated at a gentle heat to dryness. The remaining albuminated sodium santonate forms colorless, shining scales, readily soluble in water, rendering an alkaline solution which, upon addition of acids, separates santonine with the evolution of carbonic acid from an excess of sodium carbonate.

#### Boracic Acid in Parasitic Diseases.

In the *Indian Medical Gazette*, Surgeon-major Watson writes that he has lately employed boracic acid in the treatment of vegetable parasitic cutaneous diseases, with great success. In the different forms of tinea, and in that troublesome affection of the scrotum and inside of the upper part of the thighs to which Europeans in India are so liable, the local application of the acid acts like a charm. Dr. Watson uses an aqueous solution of the strength of a drachm to the ounce, and with this he bathes the affected part twice daily, allowing the solution to dry on the part.

## CORRESPONDENCE.

## The Tuckahoe Again.

ED. MED. AND SURG. REPORTER:—

That curious vegetable production called tuckahoe (not "tuckabo") is mentioned in your journal of December 18th, 1875, and January 15th, 1876. Both these items give an incorrect account of its composition, one stating that the mass is "starchy," and the other that it "contains starch;" while one of the singular things about its composition is the entire absence of starch. So far as I am aware, no one, either by means of the microscope or by chemical tests, has yet succeeded in detecting this principle in tuckahoe. Some thirty years, or more, ago, the late Prof. John Torrey ascertained that the mass consists almost entirely of pectin. The results of this investigation were, by the way, appropriated by another, and published in a European journal as his own. A body very similar to, if not identical with our tuckahoe, occurs in China, where it is used to make a jelly; ours, as stated by your correspondent, Dr. Laurence, may be employed for a similar purpose. The claims of this substance to be classed as a fungus are very slight, as no vegetable structure, or anything that indicates its production, or manner of reproduction, has been discovered in it. It was called by Clayton (*Flora Virginica*) *Lycoperdon solidum*. *Lycoperdon* is the genus of the puff-balls, with which tuckahoe has nothing in common. Later it was called by Friese, *Pachyma cocos*, a name that must be regarded as provisional until the real nature of the mass is known. It has been suggested (and Berkeley, the eminent British mycologist, inclines to the view) that tuckahoe is the root of some flowering plant, in which some such change has taken place as in animal tissues results in *adipocere*; and that, in the root, cellulose and all other proximate principles have been converted into, or replaced by, pectin.

If any of your correspondents live where the tuckahoe is of frequent occurrence, they can do a useful work in making such observations as will add to the present very meagre knowledge we have of this substance.

GEORGE THURBER, M. D.,

Editor American Agriculturist.

245 Broadway, New York.

## A Singing Mouse.

ED. MED. AND SURG. REPORTER:—

Last summer we were annoyed several evenings, just after dark, by a monotonous, chirping sound, somewhat resembling the chirping of a young chimney-swallow. But what seemed most singular, and irreconcilable with the swallow view of the case, was, that the sound proceeded, every now and then, from the most unexpected quarter. One minute it seemed to

come from under the bed; the next, it came from the fire-hearth; the next, the bureau seemed haunted. All the while the same tone and the same pitch. The swallow theory, however, for want of a better, was adopted, till one evening, early, we saw a mouse dart from behind a barrel on a back porch, and take refuge in a hole. The noise seemed to stick to the mouse; at least, it was no longer heard behind the barrel after the mouse left, and it was also heard to proceed from the hole in which the mouse took refuge. Now we were happy; at last, we had discovered the author of a certain sound that had annoyed us. But the mere discovery of its source did not annihilate the sound. Like a guilty conscience, it would not be quiet. One night the sound issued from a small open space between the dining-room wall and a piece of furniture. We inserted an iron poker into the upper part of that space, and listened with our ear. We heard the sound, the poker dropped, and so did the curtain over the career of a singing mouse. It died as naturally as Garrick, Booth, or Adams could have done.

We are sorry that we did not examine the liver of this mouse for the parasite to which Dr. Crisp attributes the musical quality of singing mice.

A. D. BINKERD, M. D.

West Monterey, Pa.

[On Singing Mice, see the *American Naturalist*, Dec. 1871, and *Forest and Stream*, Jan. 27, 1876.—EDITOR REPORTER.]

## Ingrown Nails.

ED. MED. AND SURG. REPORTER:—

The REPORTER for January 8th contains an article on ingrown nails, which leads me to give my treatment for them also. After trimming the nail so as not to wear the stocking, I scrape a narrow strip on the top of the nail from the skin to the front edge, as thin as possible; then cut out a V-shaped piece in the centre of the edge, with the point of the V running in the thin scraped place just far enough not to draw blood. This, repeated once a week, has proved a permanent cure in every case tried, and has the advantage of being done by the patient at home.

C. A. FREEMAN, M. D.

Newark, Ill.

## NEWS AND MISCELLANY.

## Medical Associations.

The physicians of Blair, Huntingdon, Mifflin and Juniata counties met at Huntingdon, Jan 28th, for the purpose of organizing a Medical Association of the Juniata Valley. The committee on permanent organization reported the following persons, who were elected officers for the ensuing year:—

President—Rowan Clark, Blair county.

Vice-Presidents—J. D. Ross, Blair county;

D. P. Miller, Huntingdon; J. Irvin Marks, Mifflin; D. M. Crawford, Juniata county; H. O. Orris, Perry county.

*Recording Secretary*—A. B. Brumbaugh, Huntingdon.

*Corresponding Secretary*—A. Rothrock, Mifflin county.

*Treasurer*—W. M. Findlay, Blair county.

The association has for its object the mutual culture and social intercourse of its members, the protection of proper rights and interests of the profession, and the study of the means by which the science of medicine may be made most useful to the public and subservient to the great interests of humanity.

The association adjourned to meet at Lloydsburg, the terminus of the Bell's Gap Railroad, in Blair county, on the 7th of July next.

—The Southern Illinois Medical Association met January 19, 1876, at Cairo. The committee appointed to nominate officers for the ensuing year reported:—

*For President*—Horace Wardner, Cairo.

*First Vice-President*—L. Dyer, of Du Quoin.

*Second Vice-President*—J. R. Smith, of Goddard.

*Secretary*—C. W. Dunning, Cairo.

*Treasurer*—George Bratton, Vienna.

#### Burn Brae Hospital for Mental Disease.

Dr. Givin, the superintendent of this institution, a description of which will be found in our advertising columns, informs us that there is a suit of rooms in that establishment, entirely separated from the halls occupied by other patients, where a lady, or two ladies and an attendant, could enjoy the utmost privacy. These rooms are easy of access, well lighted and ventilated, and have all necessary conveniences attached. To the friends of any lady desiring such accommodations as these, we can confidently recommend them.

#### Personal.

—A despatch from Paris announces the death of Dr. Gabriel Andral, the eminent French physician. Born in Paris on the 6th of November, 1797, the son of a physician, he elected to adopt his father's profession, and in 1823 received his diploma. In 1824 he was elected a member of the Academy of Medicine, and was inducted into the chair of hygiene that year, and into that of pathology in 1830. It is upon his researches in pathology that his fame chiefly rests, the most notable among his many contributions to the literature of his profession being his well-known work treating of this subject. He was elected a member of the Academy of Sciences in 1843, and was made a commander of the Legion of Honor in 1858.

—The Vienna medical papers announce the death, from a disease of the lungs, of the well-known surgeon, Professor Baron von Pitha.

#### Medical Diplomas for Women.

The *British Medical Journal* states that the Council of the Royal College of Surgeons of England has arrived at the important decision to admit women to examination for its license in midwifery. This diploma will entitle them to a place on the Medical Register, and will give them a legally recognized position as practitioners in the obstetric department of medicine and surgery. The clause in the college charter under which the right to admission has been claimed, was, it appears, expressly framed, by the use of the word "persons," to meet the case of female as well as of male practitioners, and the college has been advised that it could not legally refuse to admit duly educated women to examination for this diploma.

#### QUERIES AND REPLIES.

##### Acute Bronchocoele.

**ED. MED. AND SURG. REPORTER**:-

Will any of your readers who have seen cases of acute bronchocoele occurring in pregnancy, and producing attacks of great dyspnoea, be kind enough to send me an account of such cases?

Yours respectfully, JOHN B. ROBERTS, M. D.

**Dr. G. W., of Ills.**—We shall be pleased to have a report of the case for publication.

#### OBITUARY.

##### DR. T. O. EDWARDS

Was born March 29th, 1810, in Williamsport, Md. He received his medical education in Baltimore, and graduated in the medical department of the University of Maryland in 1831. In 1836 he removed to Ohio, and practiced his profession until 1849, when he was elected to Congress on the Whig ticket; sat in that body with John Quincy Adams, who died in his arms, and was one of the pall-bearers at the funeral of Mr. Adams.

At the expiration of his term he was appointed Inspector of Marine Hospitals for one year, at the end of which time he was elected Professor of Materia Medica and Dean of the Faculty of the Medical College of Ohio, which position he held until 1851, when he resumed the practice of his profession. On the opening of the war, he entered the Union army as surgeon, receiving such injuries at the battle of Pittsburg Landing as necessitated his retirement from the service.

He came to Wheeling, West Virginia, a year ago to enter practice, but receiving a stroke of paralysis, has been an invalid ever since. Death ended his sufferings on Saturday evening, February 5th, in the 66th year of his age.

#### DEATHS.

**BUNCE.**—Suddenly, on February 1st, Caroline Elizabeth Bunce, second daughter of the late Dr. James Bunce, of Galesburg, Illinois, at the residence of her brother-in-law, Dr. M. G. Raefer, 112 East Tenth street, New York city.